

CONNELL FOLEY PAC

A New Jersey Non-Profit Corporation

85 Livingston Avenue
Roseland, New Jersey 07068-3702

(973) 535-0500

Facsimile: (973) 535-9217

RECEIVED
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2015 OCT 14 AM 9:36

October 13, 2015

VIA FEDERAL EXPRESS

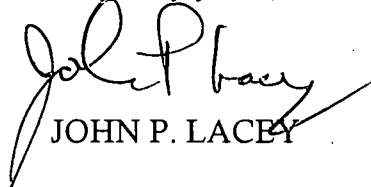
Federal Election Commission
999 E Street, NW
Washington, DC 20463

**Re: Connell Foley PAC, a New Jersey
Non-Profit Corporation
FED ID No. C00388181**

Dear Sir:

Enclosed for filing please find an original FEC Form 3X, Report of Receipts and Disbursements filed on behalf of Connell Foley PAC, a New Jersey Non-Profit Corporation, for the period July 1, 2015 through September 30, 2015.

Very truly yours,


JOHN P. LACEY

JPL:pb
Enclosure

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
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2015 OCT 14 AM 9:37
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

C O N N E L L F O L E Y P A C

ADDRESS (number and street) 8 5 L I V I N G S T O N A V E N U E

Check if different than previously reported. (ACC)

R O S E L A N D N J 0 7 0 6 8 - 3 7 0 2

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 0 0 3 8 8 1 8 1

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 0 7 / 0 1 / 2 0 1 5 through 0 9 / 3 0 / 2 0 1 5

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOHN P. LACEY

Signature of Treasurer

Date

10/13/2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CONNELL FOLEY PAC

Report Covering the Period: From: 07 / 01 / 2015

To: 09 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		99294
(b) Cash on Hand at Beginning of Reporting Period.....	117694	
(c) Total Receipts (from Line 19)	1700000	2500000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1817694	2599294
7. Total Disbursements (from Line 31)	1642500	2424100
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	175194	175194
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CONNELL FOLEY PAC

Report Covering the Period: From: M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 1 5

To: M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 5

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) *Individuals/Persons Other Than Political Committees*

(i) Itemized (use Schedule A).....

1 7 0 0 0 0 0

2 5 0 0 0 0 0

(ii) Unitemized

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1 7 0 0 0 0 0

2 5 0 0 0 0 0

(b) Political Party Committees

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

1 7 0 0 0 0 0

2 5 0 0 0 0 0

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5)

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

1 7 0 0 0 0 0

2 5 0 0 0 0 0

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

1 7 0 0 0 0 0

2 5 0 0 0 0 0

20151014 06:00:00-15

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures	1 4 2 5 0 0	1 5 4 1 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1 4 2 5 0 0	1 5 4 1 0 0
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1 5 0 0 0 0 0	2 2 7 0 0 0 0
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1 6 4 2 5 0 0	2 4 2 4 1 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1 6 4 2 5 0 0	2 4 2 4 1 0 0

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1 7 0 0 0 0 0	2 5 0 0 0 0 0
34. Total Contribution Refunds (from Line 28(d))	0 0 0	0 0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1 7 0 0 0 0 0	2 5 0 0 0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1 4 2 5 0 0	1 5 4 1 0 0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0 0 0	0 0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1 4 2 5 0 0	1 5 4 1 0 0

2015-10-14 00:00:00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:		PAGE 1 OF 13	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial)

A. CROMIE, JOHN D

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
 federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8 6 7 2 5

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

5 8 9 7 3

Full Name (Last, First, Middle Initial)

B. GARDNER, KEVIN R

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
 federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1 6 2 1 7 6

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

1 1 0 2 8 0

Full Name (Last, First, Middle Initial)

C. LACEY, JOHN P

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
 federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6 5 0 4 4

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

4 4 2 3 0

SUBTOTAL of Receipts This Page (optional).....▶

2 1 3 4 8 3

TOTAL This Period (last page this line number only).....▶

2015-10-14 PM 00:00:10

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:	PAGE 2 OF 3
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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<input type="checkbox"/> 13	<input type="checkbox"/> 14
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<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial) A. MCBRIDE, MICHAEL X		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 5
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 7 8 1 3 9
City State Zip Code ROSELAND, NJ 07068-3702		
FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1		Amount of Each Receipt this Period 6 1 4 3 0
Name of Employer Occupation CONNELL FOLEY, LLP ATTORNEY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 7 7 6 4 8
Aggregate Year-to-Date ▼ 1 1 4 9 1 1		
Full Name (Last, First, Middle Initial) B. MCCANN, JAMES C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 5
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 6 1 4 3 0
City State Zip Code ROSELAND, NJ 07068-3702		
FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1		Amount of Each Receipt this Period 7 7 6 4 8
Name of Employer Occupation CONNELL FOLEY, LLP ATTORNEY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 7 7 6 4 8
Aggregate Year-to-Date ▼ 9 0 3 3 9		
Full Name (Last, First, Middle Initial) C. MCGOVERN, PHILIP F		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 5
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 7 7 6 4 8
City State Zip Code ROSELAND, NJ 07068-3702		
FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1		Amount of Each Receipt this Period 7 7 6 4 8
Name of Employer Occupation CONNELL FOLEY, LLP ATTORNEY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 7 7 6 4 8
Aggregate Year-to-Date ▼ 1 1 4 1 8 8		
SUBTOTAL of Receipts This Page (optional).....		2 1 7 2 1 7
TOTAL This Period (last page this line number only).....		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 3 OF 13
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial)

A. MORYAN, JEFFREY W

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7 2 2 7 1

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

4 9 1 4 4

Full Name (Last, First, Middle Initial)

B. PIZZI, PETER J

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8 7 4 4 8

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

5 9 4 6 5

Full Name (Last, First, Middle Initial)

C. VITIELLO, ANTHONY F

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1 3 8 7 6 1

Date of Receipt

0 9 / 3 0 / 1 2 0 1 5

Amount of Each Receipt this Period

9 4 3 5 7

SUBTOTAL of Receipts This Page (optional) ▶

2 0 2 9 6 6

TOTAL This Period (last page this line number only) ▶

2015-10-01 09:00:00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:		PAGE 4 OF 13	
(check only one)			
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial)

A. WALSH, LIZA M

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
 federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2 2 0 4 2 7

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

1 4 9 8 9 0

Full Name (Last, First, Middle Initial)

B. HARRINGTON III, CHARLES J

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
 federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

6 3 5 9 9

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

4 3 2 4 7

Full Name (Last, First, Middle Initial)

C. MCCANN, W. NEVINS

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
 federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

6 6 4 8 9

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

4 5 2 1 3

SUBTOTAL of Receipts This Page (optional).....▶

2 3 8 3 5 0

TOTAL This Period (last page this line number only).....▶

20151014 03:00:00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 5 OF 13	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial)

A. MCHENRY, JONATHAN P

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

6 5 0 4 4

Date of Receipt

M M / D D / Y Y - Y Y - Y Y
0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

4 4 2 3 0

Full Name (Last, First, Middle Initial)

B. RYAN, ROBERT E

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1 0 1 1 8 0

Date of Receipt

M M / D D / Y Y - Y Y - Y Y
0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

6 8 8 0 2

Full Name (Last, First, Middle Initial)

C. CROWLEY, MICHAEL

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

6 5 0 4 4

Date of Receipt

M M / D D / Y Y - Y Y - Y Y
0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

4 4 2 3 0

SUBTOTAL of Receipts This Page (optional).....▶

1 5 7 2 6 2

TOTAL This Period (last page this line number only).....▶

20151014 03:00:00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 6 OF 13	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial)

A. COSMA, THOMAS S

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5 2 0 3 5

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

3 5 3 8 4

Full Name (Last, First, Middle Initial)

B. MURPHY, KATHLEEN

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2 8 9 0 9

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

1 9 6 5 8

Full Name (Last, First, Middle Initial)

C. MCAULEY, PATRICK J

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5 0 8 7 9

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

3 4 5 9 8

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8 9 6 4 0

2015-10-14 PM 08:00:00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 7 OF 13	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial)

A. SMITH, PETER J

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5 0 8 7 9

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

3 4 5 9 8

Full Name (Last, First, Middle Initial)

B. STELLER, BRIAN G

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4 4 8 0 8

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

3 0 4 6 9

Full Name (Last, First, Middle Initial)

C. RANDALL, KAREN L

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5 7 8 1 7

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

3 9 3 1 5

SUBTOTAL of Receipts This Page (optional).....▶

1 0 4 3 8 2

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 8 OF 3	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial)

A. CORRISTON, TIMOTHY M

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5 4 9 2 6

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

3 7 3 5 0

Full Name (Last, First, Middle Initial)

B. HUGHES, PATRICK

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5 4 2 0 3

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

3 6 8 5 8

Full Name (Last, First, Middle Initial)

C. IUSO, ANGELA A

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4 6 2 5 4

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

3 1 4 5 2

SUBTOTAL of Receipts This Page (optional).....▶

1 0 5 6 8 0

TOTAL This Period (last page this line number only).....▶

2015-10-14 PM 00:00:00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 9 OF 13	
(check only one)			
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial)

A. MCGLOIN, WILLIAM

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3 9 7 4 9

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

2 7 0 2 9

Full Name (Last, First, Middle Initial)

B. JUDGE, BRENDAN

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5 4 2 0 3

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

3 6 8 5 8

Full Name (Last, First, Middle Initial)

C. FALANGA, STEVEN V

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5 2 7 5 8

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

3 5 8 7 5

SUBTOTAL of Receipts This Page (optional).....▶

9 9 7 6 2

TOTAL This Period (last page this line number only).....▶

20151014 0000000000

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial)

A. O'REILLY, TRICIA

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

6 0 7 0 8

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

4 1 2 8 1

Full Name (Last, First, Middle Initial)

B. HAEFNER, MARC

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3 3 9 6 8

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

2 3 0 9 8

Full Name (Last, First, Middle Initial)

C. SHALIT, BRAD D

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

6 2 1 5 3

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

4 2 2 6 4

SUBTOTAL of Receipts This Page (optional).....▶

1 0 6 6 4 3

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 11 OF 13	
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial)

A. SCUDERI, THOMAS M

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3 2 5 2 2

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

2 2 1 1 5

Full Name (Last, First, Middle Initial)

B. O'LEARY, THOMAS

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3 2 5 2 2

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

2 2 1 1 5

Full Name (Last, First, Middle Initial)

C. TARASCHI, MITCHELL

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3 1 7 9 9

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

2 1 6 2 3

SUBTOTAL of Receipts This Page (optional).....▶

6 5 8 5 3

TOTAL This Period (last page this line number only).....▶

20151014 03:00:00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial)

A. ANTHONIAN, AGNIESKA

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

3 6 1 3 6

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

2 4 5 7 2

Full Name (Last, First, Middle Initial)

B. LEE, PATRICIA

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

3 6 1 3 6

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

2 4 5 7 2

Full Name (Last, First, Middle Initial)

C. SHADIACK, MICHAEL

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
federal political committee.

C 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

3 5 4 1 3

Date of Receipt

0 9 / 3 0 / 2 0 1 5

Amount of Each Receipt this Period

2 4 0 8 1

SUBTOTAL of Receipts This Page (optional) ▶

7 3 2 2 5

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:		PAGE 13 OF 13	
(check only one)			
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial)

A. DEVEAU, WILLIAM

Mailing Address

85 LIVINGSTON AVENUE

City

State

Zip Code

ROSELAND, NJ 07068-3702

FEC ID number of contributing
 federal political committee.

C: 0 0 3 8 8 1 8 1

Name of Employer

CONNELL FOLEY, LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3 7 5 8 1

Date of Receipt

0 9 / 3 0 / 1 2 0 1 5

Amount of Each Receipt this Period

2 5 5 5 5

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
 federal political committee.

C:

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ / / - - - -

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
 federal political committee.

C:

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ / / - - - -

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

2 5 5 5 5

TOTAL This Period (last page this line number only).....▶

1 7 0 0 0 0 0

2015-10-14 03:00:00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:
 (check only one)

PAGE 2 OF 2

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial)

A. ROBERT MENENDEZ LEGAL EXPENSE TRUST

Mailing Address
 1100 VALLEY BROOK ROAD

City State Zip Code
 LYNDHURST NJ 08608

Purpose of Disbursement
 POLITICAL CONTRIBUTION

Candidate Name
 CHRIS CHRISTIE

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) ☐ DONATION

State: NJ

District:

Date of Disbursement

09 / 17 / 2015

Amount of Each Disbursement this Period

1 0 0 0 0 0 0

B. CHRIS CHRISTIE FOR PRESIDENT, INC.

Mailing Address
 PO BOX 9119

City State Zip Code
 MORRISTOWN NJ 07963

Purpose of Disbursement
 POLITICAL CONTRIBUTION

Candidate Name
 CHRIS CHRISTIE

Office Sought:

☐ House
☐ Senate
☒ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) ☐ CELEBRATION

State:

District:

Date of Disbursement

09 / 17 / 2015

Amount of Each Disbursement this Period

5 0 0 0 0 0 0

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ☐

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

1 5 0 0 0 0 0

TOTAL This Period (last page this line number only).....

1 5 0 0 0 0 0

2015-10-14 PM 00:00:00

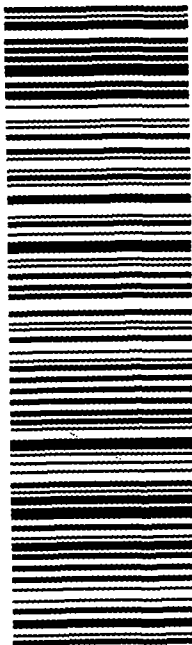
WED - 14 OCT 10:30A
PRIORITY OVERNIGHT

FedEx
TRK# 8071 5634 7616
0215

20463
DC-US
IAD

EP RDVA

X-RAYED BY FEC SECURITY



FID 299958 130CT15 MHUA 537C3/491A/EE48

FedEx Package
Express US Airbill

FedEx Tracking Number
8071 5634 7616

1 From
Date 10/13/2015

Sender's Name
JOHN P. LACEY

Company
CONNELL FOLEY LLP

Address
65 LIVINGSTON AVE STE 4

City
ROSELAND

State
NJ

ZIP
07068-3702

2 Your Internal Billing Reference
CF PAC

3 To
Recipient's Name

Company
FEDERAL ELECTION COMMISSION

Address
999 E STREET NW

We cannot deliver to P.O. boxes or P.O. ZIP codes.

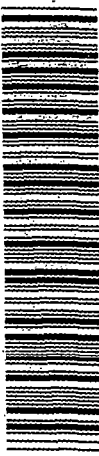
Address
WASHINGTON DC

City
WASHINGTON DC

State
DC

ZIP
20463

0118044981



8071 5634 7616

Recipient's Copy

Packages up to 150 lbs.
For packages over 50 lbs., see the
FedEx Express Freight US Airbill.

4 Express Package Service
NOTE: Service order has changed. Please select carefully.
*To most locations.

Next Business Day

☐ FedEx First Overnight
Earliest next business morning delivery to select
locations. Friday delivery will be delivered on
Monday unless SATURDAY Delivery is selected.

☒ FedEx Priority Overnight
Next business morning. Friday shipments will be
delivered on Monday unless SATURDAY Delivery
is selected.

☐ FedEx Standard Overnight
Next business afternoon.
Saturday Delivery NOT available.

2 or 3 Business Days

☐ FedEx 2Day A.M.
Second business morning.
Saturday Delivery NOT available.

☐ FedEx 2Day
Second business afternoon. *Thursday shipments
will be delivered on Monday unless SATURDAY
Delivery is selected.

☐ FedEx Express Saver
Third business day.
Saturday Delivery NOT available.

5 Packaging *Declared value limit \$500.
☒ FedEx Envelope* ☐ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☐ Other

6 Special Handling and Delivery Signature Options

☐ SATURDAY Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

No Signature Required
Package may be left without
obtaining a signature for delivery.

Direct Signature
Someone at recipient's address
may sign for delivery. Fee applies.

Indirect Signature
If no one is available at recipient's
address, someone at a neighboring
address may sign for delivery. Fee applies.
residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?
One box must be checked.

☒ Yes

☐ No

As per attached
Shipper's Declaration
not required.

☐ Shipper's Declaration
not required.

☐ Driver's Declaration
not required.

☐ Cargo Aircraft Only

7 Payment Bill to:

Sender
Not to be used for
Third Party Credit

Recipient

Third Party

Credit

Total Packages

Total Weight

lbs.

Your liability is limited to USD100 unless you declare a higher value. See the current FedEx Services Guide for details.

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05347030

Federal Election Commission
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The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered Date of Receipt

☐ USPS First Class Mail Postmarked Date of Receipt

☐ USPS Registered/Certified Postmarked (R/C)

☐ USPS Priority Mail Postmarked

☐ USPS Priority Mail Express Postmarked

☐ Postmark Illegible

☐ No Postmark


☒ Overnight Delivery Service (Specify): Shipping Date 10/13/15
Next Business Day Delivery ☒

☐ Received from House Records & Registration Office Date of Receipt

☐ Received from Senate Public Records Office Date of Receipt

☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked



PREPARER

(3/2015)

10/14/15
DATE PREPARED

2015-10-14 PM 00:00:00